

Written feedback should be submitted by **April 17, 2018** via email to [healthy@la.gov](mailto:healthy@la.gov).

- Louisiana Community Health Worker Institute
  - If an organization, type of organization:
    - Other (please describe): CHW training and research program
  - Region represented by organization:
    - **Statewide**

#### **h. Improve Care Management/Care Coordination at MCO and Provider Levels**

Request for input:

- Please **offer suggestions for the RFP and/or model contract functions and elements** related to improving care management and coordination at **both the MCO and provider levels**.

We strongly suggest that the RFP include the American Public Health Association's definition of Community Health Workers (CHWs) to ensure that all MCOs in Louisiana understand which of their current and future employees are members of the CHW workforce. The definition follows:

Community Health Workers (CHWs) are frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served. This trusting relationship enables CHWs to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. CHWs also build individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.<sup>1</sup>

- In addition, please **provide your opinion on whether MCOs should be required to employ, support, and/or utilize Community Health Workers for certain populations and care management interventions?** Please elaborate.

We recommend that MCOs in Louisiana be required to employ CHWs (either through direct hiring or subcontracts to agencies that currently employ CHWs) to provide services for some under-resourced populations and care management interventions. Specifically, we recommend that MCOs employ CHWs to serve enrollees with multiple chronic physical and behavioral health conditions, as well as otherwise underserved populations including (but not limited to) those who speak English as a second language and their families, as well as people with a long (10+ years) history of incarceration. We suggest that MCOs used evidence-based practices for employing CHWs, adapt these models to the local context, and collect data on their outcomes.

CHWs are an appropriate workforce for conducting the minimum proposed functions. They may also play a number of additional roles within an MCO including providing health education to individuals and groups, helping clients navigate health care and social services systems, providing support in understanding recommended treatments and medications, assisting clients with locating and understanding available community resources, and implementing programs to address social determinants of health.

We recommend looking to evidence from other states such as Oregon and New Mexico that have created requirements for MCOs to employ CHWs to support care management. We advise against creating a minimum number of CHWs per enrollee, as the state of Michigan did, as there is no single appropriate ratio of CHWs to patients, given that both patient needs and CHW activities may vary. Instead we suggest that MCOs initially be required to hire a limited number of CHWs and collect data on enrollee health outcomes to pilot test the CHW model.

One important issue for consideration will be how MCOs ensure that CHWs are trained properly and truly fall into the American Public Health Association CHW definition. We recommend highly that the state of Louisiana consider this issue very carefully, with significant input from existing CHWs. Please note that it is the policy of the American Public Health Association that boards or commissions making decisions about CHW workforce training and standards include at least 50% CHWs.<sup>2</sup> The Louisiana Community Health Outreach Network is a professional group for CHWs that may be able to provide input. We also suggest consulting the Community Health Worker Core Consensus Project, which recommends that all CHW training be competency based. Please note that the Louisiana Community Health Worker Institute offers an 80-hour CHW core competency training program. In addition, there is a forthcoming technical assistance report from the Centers for Disease Control and Prevention that outlines important issues for states to consider regarding CHW training and certification.

1. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/09/14/19/support-for-community-health-workers-to-increase-health-access-and-to-reduce-health-inequities>
2. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/28/14/15/support-for-community-health-worker-leadership>
3. <https://sph.uth.edu/dotAsset/55d79410-46d3-4988-a0c2-94876da1e08d.pdf>

## **g. Promote Population Health**

Request for input:

- What **requirements should be placed on MCOs in terms of utilizing a population health approach** to care delivery?

We suggest that MCOs should be required to conduct assets-based community health assessments. Such an assessments should include use of existing quantitative data, as well as collection of qualitative data through community forums, focus groups with enrollees, interviews with community health and social service providers, and other methods. Based on this assessment, we suggest that MCOs create a strategic plan that includes the elements listed in the answer to the following question.

- What are the **key aspects that should be included within a population health strategic plan**?

A population health strategic plan should include the following:

- Provisions for connecting enrollees to, and coordinating with, community-based services that address social determinants of health
- Coordination of services with existing public health programs
- Plans for implementing group-based health education and/or disease management groups to improve patient self-management and address social exclusion
- Technology-based supports (e.g. text and web-based tools) for physical and behavioral health management
- Development of, and/or MCO participation in, coalitions focused on improving community health
- Creation of an advisory board (ideally one that would include at least 50% enrollees) to oversee strategic plan implementation
- Measurement of patient physical and behavioral health outcomes
- Measurement of patient reported outcomes (e.g. health related quality of life) and perceptions of quality of care